



Who must complete this form?

HR and the member should complete where applicable.



What should accompany this form?

- Certified copy of the employee's ID
- If relevant/applicable, certified copies of marriage certificates, IDs or birth/baptism certificates of nominated beneficiaries.



By when should this form be returned?

HR must submit an original, signed version of this form, together with accompanying documents as listed, to the Fund within 7 days of the employee starting work.

SECTION A: EMPLOYEE INFORMATION

Date the employee is to join the Fund

Employee's remuneration model ☐ TRP ☐ NON-TRP

Is membership of the Fund as a result of a transfer from any of the Anglo American Group Funds at company behest? ☐ YES ☐ NO

If yes, please attach a letter addressed to the De Beers Pension Fund confirming whether it is a condition of employment that the employee's pension from their previous Anglo fund be transferred to the De Beers Pension Fund.

Membership (pension) number issued by employer

Employee's company number

Title (Mr, Ms, etc.) Initials

Surname

First names

Preferred name

Gender Date of birth

Marital status

Nationality Home language

Ethnic origin ☐ African ☐ Coloured ☐ Indian ☐ Asian ☐ White

Other (specify)

Identity number Income tax number

Passport number (if available)

Country of issue

Contact details Home Work

Fax Cell

Email*

*If supplied, all Fund communication will be sent to this email address.

Postal address

Code

Physical address

Code

Address of family member not living at same address

Code

To what trade union does the employee belong (if applicable)?

SECTION B: COMPANY INFORMATION

Name of Company		Address of Company	
Operation			

SECTION C: EMERGENCY CONTACTS - List two relatives or friends who can be contacted in the event of your death to confirm that the information on this form is still valid and up to date.

Name		Name	
Address		Address	
Telephone number		Relationship	
		Telephone number	
		Relationship	

SECTION D: DETAILS OF THE EXECUTOR OF MEMBER'S ESTATE (IF AVAILABLE)

Name		Address	
Telephone number			

SECTION E: MEMBER'S PREVIOUS PENSION FUND DETAILS

	Name of Fund	Date FROM	Date TO	Membership number
1				
2				
3				
4				

SECTION F: NOMINATION OF BENEFICIARIES

Death benefits are allocated in terms of the rules of the Fund. If you have a spouse (married civilly, customary, approved life partner) and biological children under age 25, the death benefit will first be used to purchase pensions for them in terms of the rules. Any **remaining** death benefit (if applicable), **after** providing spouse/children pensions, will be allocated in terms of Section 37C of the Pension Fund Act. The purpose of this form is therefore for you, as member, to indicate to the Fund which dependants and/or beneficiaries you would like to receive a death benefit.

HOW TO COMPLETE THIS SECTION OF THE FORM

1. List all your spouse's, children, dependants and other beneficiaries. (If there is not enough space on this form for your dependants and other beneficiaries, please complete these pages twice.)
2. Decide which percentage of your death benefit you would like each to receive and write this under "Share of Benefit".
3. If there are dependants whom you do not want to receive any share, write "0%" in the "Share of Benefit" column and give reasons for each.

4. Check all the information and make sure that the percentages in your "Share of Benefit" fields add up to 100%.
5. If you have any special instructions or additional information, put that in a separate letter and attach it to this form.

Note 1:

- a) For civil and religious marriages, attach certified copies of the marriage certificate.
- b) For customary marriages that took place on or after 15 November 2000, the Fund requires a customary marriage certificate issued by the department of Home Affairs.
- c) For customary marriages that took place before 15 November 2000, please forward a copy of your Tribal Union marriage certificate to the Fund (the tribal certificate must be signed and stamped by your Tribal Chief, state the names of both you and your spouse, confirm your date of marriage, the witnesses to your marriage and the lobola paid.
- d) Life partners must be registered with the Fund – please complete a DC8 life partner affidavit and submit to the Fund with the relevant supporting documentation.

SPOUSE OR LIFE PARTNER – PLEASE PROVIDE ALL THE INFORMATION REQUESTED

	Surname	First names	ID Number (passport if no ID)	Type of marriage (Civil, religious, African custom, life partner) <i>Refer to note 1 above</i>	% Share of benefit	If share is 0%, provide a reason	Contact number	Email address
1								
2								
3								

CHILD DETAILS – COMPLETE THE DETAILS OF ALL YOUR CHILDREN, REGARDLESS OF AGE

	Surname	First names	Child is: (tick one)			% Share of benefit	If share is 0%, provide a reason	Child's phone no (if over 18) or guardian's phone no (if under 18)	Child's email (if over 18) or guardian's email (if under 18)
			my own child	legally adopted	my step child				
1									
2									
3									
4									
5									
6									

OTHER DEPENDANTS – ANYONE ELSE WHO RECEIVES FINANCIAL SUPPORT FROM YOU (EG: EX-WIFE SPOUSAL MAINTENANCE)

	Surname	First names	Relationship to member	% Share of benefit	If share is 0%, provide a reason	Child's phone no (if over 18) or guardian's phone no (if under 18)	Child's email (if over 18) or guardian's email (if under 18)
1							
2							

OTHER BENEFICIARIES – OTHER PEOPLE WHOM YOU WOULD LIKE TO SHARE IN THE BENEFIT

	Surname	First names	Relationship to member	% Share of benefit	If share is 0%, provide a reason	Child's phone no (if over 18) or guardian's phone no (if under 18)	Child's email (if over 18) or guardian's email (if under 18)
1							
2							

CERTIFICATE BY EMPLOYER

I hereby certify that:

- (a) I have checked the details supplied in Sections A and B herein and certify that they are complete and are in accordance with the employee's personal records kept by the company.
- (b) I have checked that all necessary copies of marriage, ID and birth certificates are attached.

Name

Designation

Telephone number

Signature

DECLARATION BY EMPLOYEE

1. I declare that the information supplied by me on this form is, to the best of my knowledge and belief, correct.
2. I hereby authorise the Pension Fund – DC Section, on my withdrawal or retirement from the Fund, to pay my outstanding medical debts to the Benefit Society and to recover these from any pension contribution monies or my pension or commutation.
3. I hereby authorise the Pension Fund – DC Section, on my withdrawal from the Fund, to pay any outstanding monies due by myself to the employer in terms of Section 37D of the Pension Fund Act and to recover these amount(s) from the refund of pension contribution due to me. I agree that any dispute in this regard must be resolved by me with the employer.
4. I accept that the authority given above in no way detracts from the general lien in terms of the Pension Fund – DC Section rules.
5. I hereby request the Trustees of the De Beers Pension Fund to update my membership records as indicated on these pages. I request that the Trustees pay my death benefits to the persons listed on this form, but understand and accept that the Trustees may, in compliance with Section 37C of the Pension Funds Act, pay my death benefits as they may in their discretion determine.
6. I irrevocably authorise the Pension Fund to collect, process and share my or my dependant's personal information with any contracted Third-Party Provider to allow the Fund to fulfil its functions, duties and obligations. I agree that this authorisation shall remain in force after my/ their death/s and understand that this may partially limit my right to privacy. I further accept the Privacy Policy as published on the Fund's public website.

7. I acknowledge that the Board of Trustees shall take all reasonable steps in accordance with the Protection of Personal Information Act (POPIA) to protect the confidentiality of the pension records concerning me or my dependants.

8. By signing this document I understand that I am entering into a binding agreement and that it is my responsibility to make sure that all my dependants listed in this application, as well as any dependants I add in the future, are fully informed about all aspects of the Pension Fund – DC Section.

The information disclosed in this document will be treated as confidential and will only be used for the purposes for which it is intended in terms of applicable legislation. The Fund's Privacy Policy (which you can find on the Fund's website) covers how the Fund collects, uses, discloses, transfers, and stores members' personal information.

Signed this _____ day of _____ 20_____ at

_____ in the presence of the undersigned witness:

Employee's signature